**MEMBERSHIP APPLICATION**

**LAST NAME: FIRST NAME:**

**ADDRESS:**

**CITY: STATE: ZIPCODE:**

**DOB: / / CELL #: 1-**

**E-MAIL ADDRESS:**

**GHIN # (optional if any):\_\_\_\_\_\_\_\_\_\_\_ HCP Index:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANNUAL MEMBERSHIP FEE: $120.00 yearly**

**PAID BY CASH OR CHECK. DATE PAID: \_\_\_/\_\_\_/\_\_\_\_\_\_\_**

CHECK PAYABLE TO: **POLISH-AMERICAN GOLF ASSOCIATION ( PAGA )**

Mailing address; **60 LANGDON AVE, NJ 07885**

**I’M INTERESTED IN SERVICING ON THE FOLLOWING COMMITTEES:**

**TOURNAMENT COMMITTEE: ( )**

**HANDICAP COMMITTEE: ( )**

**MEMBERSHIP COMMITTEE: ( )**

**SOCIAL COMMITTEE: ( )**

 **DATE:\_\_\_/\_\_/\_\_\_\_\_\_\_**

 **Signature of applicant**